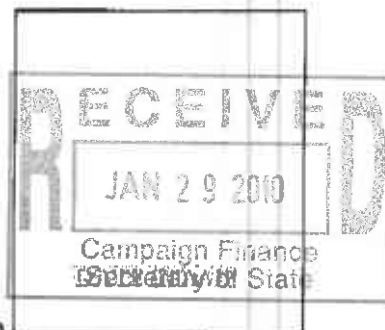


Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name Kelvin O. Buck
Full Address 700 Martin Luther King Dr. Holly Springs, MS
Telephone 662 252-2888 Fax _____
Contact Name Kelvin O. Buck Email KBuckinbuck@yahoo.com
Office Sought State Rep Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3750 + \$500	\$4,250	\$4,250
Total amount of disbursements	\$1200 + \$	\$1,200	\$1,200
Total amount of cash on hand		\$3,050	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Kelvin O. Buck
Signature of Candidate

1-29-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$40 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Kelvin D. Buck
 Reporting period Jan 1, 2008 through Dec 31 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Keith Melancon</u>		<u>11/15/09</u>	\$ <u>2000.00</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>MD</u>		Aggregate year-to-date	\$ <u>2000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATTT</u>		<u>10/15/09</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Association</u>		<u>11/30/09</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BN SF Railway</u>		<u>8/21/09</u>	\$ <u>250.00</u>
Mailing Address <u>3258 E. Chestnut</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Springfield, MD 65802-2540</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Kelvin O. Burk
 Reporting period Jan 1, 2009 through Dec 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MERK</u>		<u>11/10/09</u>	\$ <u>250.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>		<u>9/2/09</u>	\$ <u>200.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$